

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number C C90004185
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW Suite 700		
(c) City, State and ZIP Code Washington DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☐ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y Y Y
07 / 01 / 2011
THROUGH
M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

6. TOTAL CONTRIBUTIONS

0

7. TOTAL INDEPENDENT EXPENDITURES

9730.17

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Kimberly Robinson

Kimberly Robinson

10/15/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 7
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation			Date MM / DD / YYYY 07 / 07 / 2011	
Mailing Address 1156 15th Street,NW			Amount 12.13	
City Washington	State DC	Zip Code 20005	Transaction ID : D1626	
Purpose of Expenditure List rental	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Janice Hahn		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) ▶		
48.5				

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation			Date MM / DD / YYYY 07 / 07 / 2011	
Mailing Address 1156 15th Street,NW			Amount 12.12	
City Washington	State DC	Zip Code 20005	Transaction ID : D1627	
Purpose of Expenditure List rental	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Craig Huey		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) ▶		
48.5				

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation			Date MM / DD / YYYY 09 / 08 / 2011	
Mailing Address 1156 15th Street,NW			Amount 12.38	
City Washington	State DC	Zip Code 20005	Transaction ID : D1628	
Purpose of Expenditure List rental	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Kate Marshall		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) ▶		
101.41				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

36.63

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 7
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 09 / 09 / 2011	
Mailing Address 1156 15th Street,NW		Amount 6.19	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure List rental		Category/ Type	Transaction ID : D1629
Name of Federal Candidate Supported or Opposed by Expenditure: Kate Marshall		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 101.41		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 09 / 09 / 2011	
Mailing Address 1156 15th Street,NW		Amount 6.19	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure List rental		Category/ Type	Transaction ID : D1630
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Amodei		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 101.41		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 09 / 12 / 2011	
Mailing Address 1156 15th Street,NW		Amount 7.25	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure List rental		Category/ Type	Transaction ID : D1631
Name of Federal Candidate Supported or Opposed by Expenditure: Kate Marshall		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 101.41		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	19.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 7
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 09 / 12 / 2011	
Mailing Address 1156 15th Street,NW		Amount 7.25	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure List rental		Category/ Type	Transaction ID : D1632
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Amodei		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 101.41		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee XO Communications		Date MM / DD / YYYY 09 / 12 / 2011	
Mailing Address 8851 Sandy Parkway		Amount 31.08	
City Sandy	State UT	Zip Code 84070	
Purpose of Expenditure Web communications		Category/ Type	Transaction ID : D1633
Name of Federal Candidate Supported or Opposed by Expenditure: Kate Marshall		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 101.41		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee XO Communications		Date MM / DD / YYYY 09 / 12 / 2011	
Mailing Address 8851 Sandy Parkway		Amount 31.07	
City Sandy	State UT	Zip Code 84070	
Purpose of Expenditure Web communications		Category/ Type	Transaction ID : D1634
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Amodei		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 101.41		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		69.40	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)			

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 5 OF 7
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee M+R Strategic Services		Date MM / DD / YYYY 09 / 27 / 2011	
Mailing Address 2120 L Street, NW 6th Floor		Amount 300	
City Washington	State DC	Zip Code 20037	
Purpose of Expenditure Email Delivery		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michelle Bachmann		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3009.37		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Facebook		Date MM / DD / YYYY 09 / 27 / 2011	
Mailing Address 156 University Avenue		Amount 875	
City Palo Alto	State CA	Zip Code 94301	
Purpose of Expenditure Web Advertising		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michelle Bachmann		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3009.37		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 09 / 09 / 2011	
Mailing Address 1156 15th Street,NW		Amount 5.63	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure List rental		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Dave Weprin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 22.75		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		1180.63	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 6 OF 7
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 09 / 09 / 2011	
Mailing Address 1156 15th Street,NW		Amount 5.62	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure List rental		Category/ Type	Transaction ID : D1638
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Turner		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 22.75		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 09 / 12 / 2011	
Mailing Address 1156 15th Street,NW		Amount 5.75	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure List rental		Category/ Type	Transaction ID : D1639
Name of Federal Candidate Supported or Opposed by Expenditure: Dave Weprin		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 22.75		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 09 / 12 / 2011	
Mailing Address 1156 15th Street,NW		Amount 5.75	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure List rental		Category/ Type	Transaction ID : D1640
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Turner		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 22.75		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	17.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 7 OF 7
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 09 / 23 / 2011	
Mailing Address 1156 15th Street,NW		Amount 404.63	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure List rental		Category/ Type	Office Sought: <input type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michelle Bachmann		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8406.76		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 09 / 27 / 2011	
Mailing Address 1156 15th Street,NW		Amount 8002.13	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure List rental		Category/ Type	Office Sought: <input type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Michelle Bachmann		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8406.76		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		8406.76	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		9730.17	